Supply every item of information carefully. The

Dames,	
FOR	INK.
MARGIN RESERVED FOR	, WITH UNFADING INK
MARGIN	NLY, WITH
7	PLAI
	WRITE
	OR
10 - 53	TYPE
S. A15 — 10 - 53	PLEASE TYPE OR WRITE PLAINLY,
ro Os	P

VS. A15-

0.000	NT OF HEALTH—BALTIMORE, 18	03013
: 3029 CERTIFICAT	E OF DEATH Reg. Dis	t. No. 282
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY St Mary's MARYLAND	STATE Maryland COUNTY St.	Marv's
CITY (If outside corporate limits, write RURAL CITY (In this place) TOWN Leonardtown Leonardtown RURAL (in this place) A days	CITY(If outside corporate limits, write RURAL OR TOWN Rural Hollywood	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital	STREET (If rural give location)
	(Last) 4. DATE (Month)	
S. NAME OF (First) (Middle) DECEASED: (Type or Print) Denjamin Franklin	Adams 4. DATE (Month) OF DEATH: 3/1	(Day) (Year) 5/ 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1	1.1.
Male White Specify dowed Jan. 10A. USUAL OCCUPATION (Give kind of Midowed Work done during most of working life. OR INDUSTRY:		CITIZEN OF WHAT
even if retire arpenter Self	Maryland U	S.A.
Benjamin Franklin Adams	Ataway Bondaes	
15. WAR DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes. give war or dates	17. INFORMANT & ADDRESS:	
of service)	Earl Adams Hollywood,	Md.
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
260 MMEDIATE CAUSE (A) Brough	o-Pnewusina	5 days.
DISEASES OR CONDITIONS, IF ANY. (B)	tes mel.	over 10.425.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	selensi's : Deaubitus	Several years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ectory. 21c. WHERE DID (City or town) (Cou INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from how	23, 1951, to hurch 15, 1955, that I las	at saw the deceased
alive on warsh 15, 1985, and that death occurred a	t10:20 Mrom the causes and on the date	
Robert T. Fucks.	M.D. Levuer other, hed.	3/17/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	is Xavier Compton.	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SHONATURE	1s Xavier Compton,	ADDRESS
REGISTRAR 3/17/145 A MAN A CALLET	Jos. C. Mattingley Leonard	own, Md.



SSET 38 8VV



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3030

CERTIFICATE OF DEATH

Reg. Dist. No. 28/

200		
causes of death clearly and legibly.	DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: WIDOWED. DIVORCED. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: WIDOWED. DIVORCED. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday 1 UNDER 1 YE 1 UNDER	AX 1955 AR IT UNDER 24 HRS. HOURS Min.
Sat	even if retired / fille will. Nome Mare land	usa
the	13. FATHER'S NAME: Un known. 14. MOTHER'S MAIDEN NAME:	
÷	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. 17 17 17 50 RMANT & ADDRESS:	
please write	(Yes, no, or unk.) (If Yes, give war or dates of service)	1. mid
se	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
les	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Physicians: p	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (A) Cerebed Vascular Ciccident DUE TO DISEASES OR CONDITIONS, IF ANY. (B) Hayou Lensive Encelled Jacob Land	
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
nt	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rta	TO THE DEATH BUT NOT RELATED TO THE	
00	DISEASE OR CONDITION CAUSING DEATH.	
y important.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES NO
especially	21a. ACCIDENT WAS UNDERLYING COUNTS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, office bldg., etc. INJURY OCCUR? (Counts)	(State)
is esp	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	22. I hereby certify that I attended the deceased from 3-17-, 19-, to 3-26-, 19-, that I last	saw the deceased
correct age	alive on 3, 19 5, and that death occurred at 6 M, from the causes and on the date s	
(0)	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	county) (State)

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15 — 10 - 53

WAR 30 1955

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Supply every item of information carefully! Th

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
E.	3931	CEF	RTIFICATE	OF	DEATH	Di

CERTIFICATE OF DEATH

03015 Reg. Dist. No. 28/

-	The state of the s	
1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	COUNTY & Maryland	STATE MANUAL GINTEOUNTY ST MANUES
17	CITY (If outside corporate limits write RURAL LENGTH OF STAY	CITY(If dutside porporate limits, write RURAL and give nearest town)
Y	OR and give nearest town) (in this place)	TOWN POR MANY
^	HOSPITAL OR HOSPITAL OR	STREET (If rural give location)
Arra	INSTITUTION OR	ADDRESS
00	STREET ADDRESS	
3.	NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	(Type or Print) GNNUL CANCLY C	- WILL DEATH: Moh 27 1955
5.	SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
7	Remoto Colored (Specify) Whistoned Geor	1 26-1889 65 yrs. Months Days Hours Min.
16 A	USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
	even if retired)	manufacil St manufactor & 6
13.	FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	Reside in Africal	Granio Button
. 4	NAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	s, no, or unk.) (If Yes, give war or dates	110111111111111111111111111111111111111
	of service)	flely curier clements ma
7	18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
1	11 11 2 Y	ONSET AND DEATH
	IMMEDIATE CAUSE (A) (Sere	brof hemonrage / week
	ANTECEDENT CAUSE (S' DUE TO	
ı DI	SEASES OR CONDITIONS, IF ANY. (B) Creter	is sclow tie CV destast 10 mg
GI	VING RISE TO THE ABOVE CAUSE DUE TO	-10
3	(C)	ruh heffurteurum
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	,
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	estoxicoses - trested
19/	A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
214	ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (County) (State)
OR	CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
	EITHER, NOTIFY MEDICAL EXAMINER) TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED) 21F. HOW DID INJURY OCCUR?
	INJURY While Not while	
	M. at work at work	11 / Suc 27 Ch
22.	I hereby certify that I attended the deceased from	, 197 to / 10044, 1904, that I last saw the deceased
	alive on 1999, 199 and that death occurred at	530 A.M. from the causes and on the date stated above.
	SIGNATURE	ADDRESS DADE SIGNED
		.D. Ville ourson Me 3/4
23	BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
1	Zurial Meh 30-55 Sacres	Heart Bush wood nel
D	ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR ADDRESS

SECEDAED WAR 30 1955

BUREAU V. L

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

The

Supply every item of information carefully.

MARYLAND	STATE DEPARTMENT	of health—baltimore,	18 0301
3032	CERTIFICATE		Dist. No. 282

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
legibly	COUNTY St Mary's MARYLAND	STATE Maryland COUNTYSt Maryts		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)		
and	TOWN Rural St Inigoes Life	TOWN Rural St Inigoes		
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS		
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
death	DECEACED	isley OF March 7 1955		
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.		
Jo	Male Colored WIDOWED, DIVORCED, Sept.	. 14, 1883 71 yrs. Months Days Hours Min.		
Se se	JOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT		
au	work done during most of working life. even if retired): Labor Farm	Maryland U.S.A.		
e c	13. FATHER'S NAME:	Maryland U.S.A.		
e th	James Richard Chisley	Martha Chisley		
rit	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
AI O	(Yes. No or unk.) (If Yes. gwar or dates None	Edward Chisley ST. Inigoes, Md.		
60	18. MEDICAL CERTIFICAT			
pic	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
	443 %	- 10,0000 111001		
IIS	IMMEDIATE CAUSE (A)	Table 19th		
Physician	ANTECEDENT CAUSE (S) DUE TO	201		
ys.	DISEASES OR CONDITIONS, IF ANY. (B)	eurion 10 years		
Ph	GIVING RISE TO THE ABOVE CAUSE DUE TO U	0 11		
نب	(c) Allera	liged Arthropetons 10 years		
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
portan	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
imp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
A.		YES NO		
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?		
is esp	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from	1. ,195 % to Mch 7, 195 5that I last saw the deceased		
age				
	alive on 1997, 1997, and that death occurred at	ADDRESS ADDRESS And on the date stated above.		
correct	Alm FITTAL OVA	D. Lexington of Md. 3.7-55		
601	DA BURIAL COMMATION DATE THEREOF WAME OF COMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)		
	REMUTIAL 3/9/53 St Peters	Ridge, Maryland		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		

BUREAU V. S.

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· 3033 CERTIFICATI	E OF DEATH Reg. Dist. No. 2 &
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ST. MARY'S MARYLAND	STATEMARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest OR
X TOWN LEONARDTOWN 1 DAY	TOWN RURAL MADDOX
18 HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARY'S HOSPITAL	STREET (If rural give location) ADDRESS
DECEASED.	(Last) 4. DATE (Month) (Day) (Year
(Type or Print) WILLIAM E. GLADS	TUNE DEATHMARCH 23, 195
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Months Days Hours
MALE WHITE MARRIED APRIL OA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	7,1891 63 yrs. 11 as Nours
work done during most of working life. even if retired) RETIRED NAVY YARD	COUNTRY?
13. FATHER'S NAME:	VIRGINIA U.S.A.
JOHN EDWARD GLADSTONE	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	ASBERINA MAE PUCH
(Yes. WOr unk.) (If Yes, give WO or dates NONE	MRS WILLIAM HAYDEN CHAPTICO, MD.
ANTECEDENT CAUSE (A) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) CAVES	brat hemonhage 16 his Delenitie cardid variable decise
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	d. i.e.
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	outile
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a, DATE OF OPERATION: 198, MAJOR FINDINGS OF OPERATION	20. AUTOP
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 183, to Man 31955, that I last saw the dece
alive on 31933, and that eath occurred at SIGNATURE	LL: 30PMrom the causes and on the date stated above.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City town, or county) (
23. Burial, Cremation, date thereof NAME of CEMETING REMOVAL (SPECIFY) 3/25/55 Christ 6h	urch Chaptico, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Jos. C. Mattingley Leonardtown, Md.
REGISTRAR A CONTRACTOR X	

RUREAU V. S.

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	1 303	4	CERTIFI			H—BALTIMORE,	Dist. No. 28/
1. PLACE OF	DEATH:					DENCE (HOME) OF DECE	
	St. Mary	18		179119	STATE Mary		
			RURAL LENGTH			COUNTY corporate limits, write RUR	Al and give named to
OR and	Patuxent	River	(in thi	s place)	TOWN Pine		X X
5) HOSPITAL INSTITUTI STREET A	ION OR INT	Cirmary, U	. S. Naval	Air	ADDRESS US	(If rural give loca CG Light Station	tion)
3. NAME OF DECEASED (Type or P	(Fi)	liam	(Middle) Marion		eshy	4. DATE (Month) OF MARCH	(Day) (Year) 31 19 55
5. SEX:	6. COLOR C RACE: Caucasia	7. SINGLE WIDOW (Specify)	MARRIED, VED. DIVORCED.	8. DATE C	il 1897	9. AGE last birthday ir uno Month	ER 1 YEAR IF UNDER 24 HR
work done	CCUPATION (Iduring most of red); USCG	working life.	OR INDUSTRY	INESS	Poland	(State or foreign country):	12. CITIZEN OF WHA
13. FATHER'S	NAME:				14. MOTHER'S M	AIDEN NAME:	
Unknown					Unknown		
IS. WAS DECEASE	O EVER IN U.S.	ARMEO FORCEST	16. SOCIAL SECUR	ITY No.	17. INFORMANT	& ADDRESS:	
(Yes no, or un	of service	918-1955			Coast Gua	rd Record	
ANTECE	EDIATE CAUS DENT CAUSE CONDITIONS	(S) S, IF ANY.	(0)	osis, c	oronary art	ery	20 min.
SINCE DISC.		VE CAUSE	DUE TO				
GIVING RISE	DERLYING CA	AUSE LAST.					
STATING UN	DERLYING CA	AUSE LAST.	(C)				
GIVING RISE STATING UN II OTHER SIG TO THE DE	GNIFICANT C	ONDITIONS CO	ONTRIBUTING THE				
II OTHER SIG	GNIFICANT C ATH BUT NO	ONDITIONS CONTRIBUTED TO	ONTRIBUTING THE DEATH.	PERATION			
GIVING RISE STATING UN II OTHER SIG TO THE DE	GNIFICANT C ATH BUT NO	ONDITIONS CONTRIBUTED TO	ONTRIBUTING THE	PERATION			20. AUTOPSY7
II OTHER SIGNATE OF THE DESCRIPTION OF THE DESCRIPT	DERLYING CA	ONDITIONS CONTROL TO THE LATED	ONTRIBUTING THE DEATH.	farm, factor	y. 21c. WHERE	DID (City or town) ((
II OTHER SIGNATE OF LIAM ACCIDEN OR CONTRIBUT	DERLYING CA GNIFICANT C ATH BUT NO DR CONDITIO OPERATION: IT WAS UNDER TING CAUSE TIFY MEDICAL F	ONDITIONS CONTROL OF THE LAST	ONTRIBUTING THE DEATH. FINDINGS OF O 18. PLACE (Home, FINJURY street, company) 21z INJURY O While Not	farm, factor office bldg., et	INJURY OCCL	DID (City or town) (CIR)	YES NO X
II OTHER SIGNATURE OF INJURY	GRIFICANT C ATH BUT NO DR CONDITIO OPERATION: IT WAS UNDER TING CAUSE TIFFY MEDICAL E Onth) (Day) (certify that ATCh	ONDITIONS CONTRIBUTIONS CONTRI	ONTRIBUTING THE DEATH. IFINDINGS OF O 18. PLACE (Home, Finjury street, c) While Not at work a	farm, factor office bldg., et occurred while work	21F. HOW DID 21F. HOW DID 19 rival 20A M, from t ADDRES	INJURY OCCUR? 19, 19, that I he causes and on the diss	VES NO (State) County) (State) last saw the decease ate stated above. DATE SIGNED
GIVING RISE STATING UN II OTHER SIGNOR CONTRIBUTE (IF EITHER, NOT 21D. TIME (MO OF INJURY 22. I hereby alive on SIGNATUR W. D. I	GRIFICANT C ATH BUT NO DR CONDITIO OPERATION: IT WAS UNDER TING CAUSE FIFY MEDICAL E Onth) (Day) (certify that BL EDGERTON, CREMATION.	CONDITIONS CONTRIBUTIONS CONTR	ONTRIBUTING THE DEATH. IF FINDINGS OF O 18. PLACE (Home, Find	farm, factor office bldg., et course bldg., et while work marked at office bldg.	21F. HOW DID 21F. HOW DID 21F. HOW DID 20A M, from t ADDRES INF NAS P Y OR CREMATOR	INJURY OCCUR? 19, 19, that I he causes and on the dis AX RIV MD.	last saw the decease ate stated above. DATE SIGNED April 1955 n. or county) (State)

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BUREAU V. S.

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WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

03019

P.B. Robinson - Leonardtown, Maryland

		FOR MEDICAL	L EXAMINERS	Reg. Di	ist. No. 20
1. PLACE OF DEAT COUNTY		pulling 1 to 10 Pull Pull Pull Pull Pull Pull Pull Pul	2. USUAL RESIDENCE	(HOME) OF DECEASED	OUNTY
	St. Marys	MARYLAND	Marvlan	d	St. Marva
OR give nearest	orporate limits, write RUR	AL and LENGTH OF STAY	OR (If outside corp.	orate limits, write RURAL	and give nearest town)
X TOWN	Hollywood	(in this place)	TOWN Hollywo	od	X
HOSPITAL OR INSTITUTION O STREET ADDRE	R.		STREET ADDRESS Rura	(If rural, giva loca	tion)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mont	h) (Dav) (Year
DECEASED (Typa or Print)	Henry	Chester	Greenwell	OF DEATH 3	- 19 - 15
5. SEX	6. COLOR OR RACE		1 8. DATE OF BIRTH		under 1 year If undar 24 h
male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		N N	Ionths Days Hours Mi
10a. USUAL OCCUP	ATION (Clive kind of week	10b. KIND OF BUSINESS OR	7/10/1921 II. BIRTHPLACE (State	1 33 yrs. 1	1 10 0
done during most of v	vorking life, even if retired)	INDUSTRY _		or foreign country)	12. CITIZEN OF WHA
13. FATHER'S NAM	LADOR	farm	Maryland		USA
10. PATHER S NAM			14. MOTHER'S MAIDE		
15 177	Valley I. Gr	eenwell	Blanche E.	Jones	
(Yes, no. or unknown)	VER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
no	(If yes, give war or dates (service)	01 218-14-3210	Valley I. Gr	eenwell - Holly	ywood, Md.
Diseases or giving rise to stating the u	e cause if cause(s) conditions, if any, tha above cause nderlying cause last (c) CANT CONDITIONS	ene (a ling of	of gu wo	I fleod	ie Lico
Conditions contribu	iting to the death but not se or condition causing deat	h male			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
me					Yes No S
21. EXTERNAL CAT PRIMARY FOR CO CAUSE OF DEATH	ONTRIBUTING OF INJU		Hellywor	of St. Fo	UNTY) (STATE)
OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work at work	HOW DID INJURY O		
ootainea oy sar	a Autopsy, Inspection of	ins described above, held an A r Inquiry, find that said dece , suicide , homicide , , (Degree or title)	ased died on the dru sta	Inquiry thereon ted above, and death in	and from the evidence my opinion resulted DATE SIGNED
Dela	. Sane	no Ly	etral.	hu	3/15/60
23. BÜRIAL, CREM. REMOVAL (Speci		NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, o	or county) (State)
Bur	ial 3/22/55	St. Johns	Cemetery	Hollywood, Ma	aryland
DATE REC'D BY	OCAL REGISTER R'S	SIGNATURE /	24. FUNERAL DIRECT	OR	ADDRESS

DECENED

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BUREAU V. S.

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Reg	LL.	15	t.	1	,

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 28
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY A Maryland MARYLAND	STATE MC COUNTY ST M	areli-
OR and give nearest town) vrite RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	give nearest town)
X TOWN mechaniesville tipe	TOWN Mechanicsort	lle x
HOSPITAL OR	STREET (If rural, give location)	1
Of STREET ADDRESS	" Kurai-	
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Jahr West Transfer Section 1985	(Last) 4. DATE (Month) (Day)	Year) 7 1953
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, 7	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months Da	
TOS. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of work life, even if retired): Haywall Owne	Maryland St Maria	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Colymbu Harper	Jucistia Relf.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 16	17. INFORMANT & ADDRESS: FO Harpe	2
service)	ver mary mare.	ville mo
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	0000	ONSET AND DEATH
Immediate cause (a)	or you are of freeze	- cdule
Antecedent cause(s)	U '	
Alltecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO		
giving rise to the above cause but To stating underlying cause last (c)		1
giving rise to the above cause DUE TO	2	
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		20. AUTOPSY?
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	2 21e. (City or town) (County)	Yes No 🗓
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giving rise to the above cause last stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF UNJURY 21e. INJURY OCCURRED Work At Not while Work At Not while	21f. HOW DID ANURY OCCUR?	Yes No (State)
giving rise to the above cause last stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg., etc. INJURY 22. I hereby certify that I took charge of the remains described.	21f. HOW DID ANJURY OCCUR? bed above, held an Autopsy [], Inspection [],	Yes No Land (State)
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giving rise to the above cause last stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg., etc. INJURY 22. I hereby certify that I took charge of the remains described.	21f. HOW DID ANJURY OCCUR? bed above, held an Autopsy [], Inspection [],	Yes No Land (State)
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giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) While at Not while Work Mayork at work at work signature 22. I hereby certify that I took charge of the remains descripting that death resulted from: Natural causes Accident A	21f. HOW DID INJURY OCCUR? bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	Yes No No (State) (State) Inquiry , and mined cause . DATE SIGNED unty) (State)
giving rise to the above cause last stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 22. I hereby certify that I took charge of the remains descripted that death resulted from: Natural causes Accident REMOYAL (Specify) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOYAL (Specify)	bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Yes No (State) (State) (Inquiry , and mined cause DATE SIGNED
giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY 21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while Work at work Death at work Death of the remains descripted that death resulted from: Natural causes Accissionature 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	21f. HOW DID INJURY OCCUR? bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	Yes No No (State) (State) Inquiry , and mined cause . DATE SIGNED unty) (State)

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Q.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)	3021
This		CERTIFICATE OF DEATH Reg. Dist	t. No. 281
	ly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
arafully	legibly.	COUNTY OF MANY MARYLAND STATE MANY COUNTY ST. CITY (If outside dirporate limits, write RURAL) LENGTH OF STAY CITY (If outside dirporate limits, write RURAL)	marys
		OR and give nearest town (in this place) OR	X (Rurel)
O S	ly a	HOSPITAL OR STREET (If rural give location	
form	clearly	INSTITUTION OR OD STREET ADDRESS A 72 0 # /	
W information	death d	(Type or Print) That Corac Hegral DEATH Meh	Day) (Year) (9 5 5 7
		5. SEX: 6. COLOR OR MARRIED, S. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 WIDOWED, DIVORCED. Specify 1/1 19 18 1 18 1 18 1 18 1 18 1 18 1 18	YEAR IF UNDER 24 HRS. Days Hours Min.
ch ch	auses	NOA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
BINDING	0	even if retired : fouse wife Manffand St March' 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	LO F. ar
SINI	te th	John J. Gales Lucy m Clar	1/e
2 2	Wri	(Yes, no, or unk.) (If Yes, give war or dates of service) (See an experiment of service)	wash On
		18. MEDICAL CERTIFICATION 1724-14Th A MS	Wash ve
RVEI	1	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
SEF	00	IMMEDIATE CAUSE (A) DUE TO CALLED LINE LINE	4 days
RE	Sic	DISEASES OR CONDITIONS, IF ANY, (B)	17 Cu
ARGIN	Phy	STATING UNDERLYING CAUSE LAST. DUE TO	y y
AR		(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
M >	orta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
2	du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1	ly i		YES NO
(I all	ecial	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (Cour OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Cour	(State)
	, o	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
A 8	ge is	22. I hereby certify that I attended the deceased from Jury 1927 to 3-16, 1937, that I las	t saw the deceased
m 6	0.0 E	alive on 3 7/5-, 1955, and that death occurred at 5, 16 M, from the causes and on the date	
10 - 1	correct a	SIGNATURE DASS DA ADDRESS DA	TE SIGNED
ا ا	COL	23. BURIAL, CREMATION, DATE, THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of	r county), (State)
A15	FLEA	Burea 3/19 55 Dury Lady Chapel Medleys 7	red md
S. S.	74	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAL CO MUSTING AND STREET OF THE PROPERTY OF THE PRO	ADDRESS
		Local Military ha	e curenas

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Reg.	Dist.	No.	4	0	-

9038 CERTIFICATI	E OF DEATH Reg. Dist	. No. 282
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Saint Mary's MARYLAND	state Maryland county Sain	t Mary's
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
OR and give nearest town) (in this place) TOWN Oakswille	TOWN Mechanicsville P. O.	4
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
₩ W	Oaksville	
3. NAME OF (First) (Middle) DECEASED:	OF	Day) (Year)
(Type or Print) Andrew Slyvester		8, 19 55
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1	Days Hours Min.
	ry 15, 1955 7 weeks	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): None #本作本本本本本	Maryland	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles I. Hebb	Florence L. Barber	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of servisteまできなかきます 本本をかなかます	Charled Wahh . Machaniagrill	o 1/4
NO of servineな中央中央中央 中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央	Charles Hebb :: Mechanicsvill	INTERVAL BETWEEN
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	inating bronets freumon	in 12 ws
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING DESCRIPTION OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (Coun INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from	15, 19 30, to Man , 19 5, that I las	t saw the deceased
alive on Man 1955 and that death occurred at		stated above. TE STENED 3/8/5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, o	BOAT TO THE REAL PROPERTY.
Burial 3 / 8 / 55 St. Joseph. DATE REC'D BY LOCAL REGISTRAR'S SUMATURE /	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR / 55 Root. J. Jule	P. B. Robinson :: Leonardt	

BUREAU V. S.

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THE RESIDENCE

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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MARYLAND	STATE	DEPARTMENT	of	HEALTH—BALTIMORE,	18	03023

3939 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY St. Marys MARYLAND	state Maryland COUNTY St. M	larvs
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) (in this place)	OR TOWN Clements	
HOSPITAL OR	STREET (If rural give location	<u> </u>
, INSTITUTION OR	ADDRESS	
STREET ADDRESS	Rural	
		(Day) (Year)
DECEASED: (Type or Print) John Donelan	Hurry OF DEATH: 3 -	25 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1	
male white (Specify): married 2 Fe	b. 1874 81 yrs. Months	Days Hours Mln.
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
work done during most of working life, even if retired): farming Farm owner	Maryland.	USA USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	UDA
John Hurry	Lucy Love	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	John W. Hurry - Clements.	Manuland
18. MEDICAL CERTIFICATI		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL SETWEEN
	1 1	J. J.
IMMEDIATE CAUSE (A)	Vinl hemany by	15 mm
ANTECEDENT CAUSE (S: DUE TO	Stolie Meoplosom	
DISEASES OR CONDITIONS, IF ANY. (B)	stolie Meoplosom	1 mouth
GIVING RISE TO THE ABOVE CAUSE DUE TO	100	
(c)	of Vrostate	7 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7	
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH		
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor	ory, 21c. WHERE DID (City or town) (Cour	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street, office bldg.,		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from Guy	I. 1952 to March 25 1955, that I las	t saw the deceased
alive on Monga 25, 195. 5, and that death occurred at		stated above.
111/2 176. ()	C 18 0	1-17/5
	RY OR CREMATORY LOCATION (City, town,	r county) (State)
REMOVAL (SPECIFY)		
	· · · · · · · · · · · · · · · · · · ·	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR P.B. Robinsob -Leonardto	wn Maryland

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MARYLAND STATE DEPART	ENT OF HEALTH—BALT	MORE, 18	Reg. Dist.
18 MARYLAND STATE DEPART	CEDITION	OH DEAM	Ur 78/2
IEDICAL EXAMINER	CENTIFICATE	OF DEAT	No.

2. USUAL RESIDENCE (HOME) OF DECEASED:	
STATE MARYLAND COUNTY ST. MAR	RY'S
STAY CITY (If outside corporate limits write RURAL and	d give nearest town)
TOWN LEONARDTOWN	
STREET (If rural, give location)	
	y) (Year)
TOTE DOLLAR SCAN GET	1955
SEPT. 8.1888 66 yrs. 6 Months I	pays Hours Mln.
ESS OR 11. BIRTHPLACE (State or foreign country): 13	COUNTRY?
MARYLAND	LS.A.
14. MOTHER'S MAIDEN NAME:	
KATHERINE O.JOY	
No.: I7. INFORMANT & ADDRESS:	
ETHEL JOY LEONARDTOWN MD.	
MEDICAL CERTIFICATION	INTERVAL BETWEEN
N	ONSET AND DEATH
Asphyxia due to Drowning	سكاداو
ION:	20. AUTOPSY?
factory 21c (City or town) (County)	Yes No [
factory, 21c. (City or town) (County)	(State)
LED 21f. HOW DID INJURY OCCUR?	
to Leonadan, of hay,	
DED 21f. HOW DID INJURY OCCUR?	(State)
ted to the	(State) , Inquiry [], and
described above, held an Autopsy , Inspection Accident , Suicide , Homicide , Undete Deputy Medical Examiner	(State) , Inquiry , and armined cause DATE SIGNED
described above, held an Autopsy , Inspection Accident , Suicide , Homicide , Undete Deputy Medical Examiner Deputy Medical Examiner M. D. Assistant Medical Exam.	(State) , Inquiry , and rmined cause DATE SIGNED
etc. LED 21f. How DID INJURY OCCUR? while crk Accident Suicide Homicide Undete CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. METERY OR CREMATORY LOCATION (City, town, or other contents of the contents of	(State) , Inquiry , and rmined cause DATE SIGNED
described above, held an Autopsy , Inspection Accident , Suicide , Homicide , Undete Deputy Medical Examiner Deputy Medical Examiner M. D. Assistant Medical Exam.	(State) , Inquiry , and rmined cause DATE SIGNED
N AI	TOWN LEONARDTOWN STREET (If rural, give location) (Last) 4. DATE (Month) (Da OF DEATH MARCH 30 DEATH MARCH 30 DEATH MARCH 30 DEATH MONTHS IN MONTHS IN MONTHS IN MONTHS IN MONTHS IN MARYLAND 14. MOTHER'S MAIDEN NAME: KATHERINE 0. JOY 17. INFORMANT & ADDRESS: ETHEL JOY LEONARDTOWN, MD (EDICAL CERTIFICATION) Asphyxia due to Drowning

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3025

3/141 CERTIFICATE OF DEATH

Reg. Dist. No. 281

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ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
gib	COUNTY ST. MARY'S MARYLAND	STATE MARYLAND COUNTYST. MARY'S
Ie	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and legibly	OR and give nearest town) X TOWN LEONARDTOWN (in this place) LL DAYS	TOWN HOLLYWOOD (Rural)
	HOSPITAL OR	STREET (If rural give location) ADDRESS
death clearly	78 STREET ADDRESST. MARY'S HOSPITAL	
lo r		(Last) 4. DATE (Month) (Day) (Year)
eatl		KAY DEATH: MARCH 17 1955
	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
s of	FEMALE WHITE (Specify): JAN.1	1,1884 71 yrs. 1 1 6 1
use	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. QR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
please write the causes	work done during most of working life. OR INDUSTRY:	MARYLAND U.S.A.
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	JOHN L. CLEMENTS	MARY ALICE BROWN
	(Yes, no, or unk.) (If Yes, give war or dates	
Se	of service)	JAMES M. McKAY HOLLYWOOD, MD.
Physicians: plea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	332X 6.11	al embolism 11 days
	IMMEDIATE CAOSE	cal emodición // days
	ANTECEDENT CAUSE (S)	
	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
	STATING UNDERLYING CAUSE LAST.	
important.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
orta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
upc	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
50	M. at work at work	
98		5 , 1955, to 3 - 17, 1955, that I last saw the deceased
ದ	alive on 3 - 16 - , 1955, and that death occurred at	L: OOAM, from the causes and on the date stated above.
ect	SIGNATURE	ADDRESS DATE SIGNED
correct	M	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY)	
	BURIAL 3/19/55 ST. JOHN'S	HOLLYWOOD, MARYLAND ADDRESS ADDRESS
•	REGISTRAR 55 P. F. Bland M.D	JOS.C.MATTINGLEY LEONARDTOWN, MD.

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	OR
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	MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE 18 (13028)						
	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3744 CERTIFICATE OF DEATH Reg. Dist. No. 282						
	CHARLE OF DESIGNATION Meg. Dist.						
egioty.	1. PLACE OF DEATH: COUNTY MANYLAND CITY (If outside corporate limits write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL) are	rarys'					
aua	X TOWN Leonarstown (in this place) OR TOWN Holly Woo	CL X					
learly	HOSPITAL OR INSTITUTION OR STREET ADDRESS PURSAL STREET ADDRESS PURSAL						
carn	(Type or Print) many Ella, Reeder DEATH: March	(Year) (Year) 19 5'5-					
s or a	France: (Specify) Windows June 21-140 74 yrs. Specify) Windows June 21-140 74 yrs.						
cause	work done during most of working life. even if retired: Aoune Wife Wife OR INDUSTRY: Maryland & Maryl	COUNTRY?					
e rue	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Alice MC Clair						
Se Write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS. (Yes, no, or unk.) (If Yes, give war or dates of service) Mr. John: Shellon: Teo	nardhon					
piea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH					
cians:	ANTECEDENT CAUSE (8) (A) Congestion Heart, Taching DUE TO O O O O O O O O O O O O	3 years					
Fnysi	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO	20 year					
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	PACE TO A CONTRACT OF THE CONT					
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